



Commonwealth of Virginia Department of Medical Assistance Services

External Quality Review

Virginia Premier Health Plan

Annual Report 2005

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Virginia Premier Health Plan Annual Report

Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in contracted Medallion II managed care plans. The intent of the Medallion II program is to improve access to care, promote disease prevention, ensure quality care, and reduce Medicaid expenditures. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DMAS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 (BBA) and federal EQRO regulations, Delmarva has conducted a comprehensive review of Virginia Premier Health Plan, Inc. (VA Premier) to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is “the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (“Final Rule: External Quality Review,” 2003).
- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is the “timeliness in which an organization's member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care” (“Standards and Guidelines,” 2003).
- **Timeliness**, as it relates to utilization management decisions, is defined by NCQA as when “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (“Standards and Guidelines,” 2003). An additional definition

of timeliness given in the National Health Care Quality Report “refers to obtaining needed care and minimizing unnecessary delays in getting that care” (“Envisioning the National Health Care,” 2001).

This annual report provides an evaluation of data sources reviewed by Delmarva as the EQRO to assess the progress that Medallion II managed care plans have made in fulfilling the goals of DMAS. This annual report is a mandated activity in the Medallion II contract and the BBA External Quality Review regulations.

Although Delmarva’s task is to assess how well VA Premier performs in the areas of quality, access, and timeliness from Health Employer Data and Information Set (HEDIS®¹) performance, performance improvement projects, and operational systems review perspective, it is important to note the interdependence of quality, access, and timeliness. Therefore, a measure or attribute identified in one of the categories of quality, access, or timeliness also may be noted under either of the two other areas.

Quality, access, and timeliness of care are expectations for all persons enrolled in the Medallion II managed care program. Ascertaining whether health plans have met the intent of the BBA and state requirements is a major goal of this report.

Background on Plan

VA Premier provides managed care services to Medallion II enrollees in various localities throughout the state of Virginia. Enrollment in 2004 for VA Premier health plan was 90,236 members. Localities covered by VA Premier are Tidewater, Central Virginia, Charlottesville, and Roanoke regions. VA Premier began providing services to Medallion II enrollees in January 1196 and is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited health plan.

Data Sources

Delmarva has used the following three data sources to evaluate VA Premier’s performance:

- HEDIS performance measures, which are a nationally recognized set of performance measures developed by NCQA. These measures are used by health care purchasers to assess the quality and timeliness of care and service delivery to members of managed care delivery systems.
- Summaries of plan-conducted Performance Improvement Projects (PIPs).
- Operational systems review, consisting of a desk review conducted by Delmarva as the EQRO to reassess deficient elements from the previous year’s onsite review for compliance with contract requirements and state regulations.

¹ Hedis® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Methodology

Delmarva performed an external independent review of all data from the above-listed sources. The EQRO has assessed quality, access, and timeliness across the three data disciplines. After discussion of this integrated review, Delmarva will provide an assessment to DMAS regarding how well the health plan is providing quality care and services to its members.

Health plan HEDIS results are audited by NCQA-licensed organizations. The HEDIS data in this report have been audited by MedStat through Delmarva. The BBA requires that performance measures be validated in a manner consistent with the External Quality Review protocol *Validating Performance Measures*. Each audit was conducted as prescribed by NCQA's *HEDIS 2005, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method required by the EQRO protocols. NCQA protocols are used to capture and compute HEDIS results. This report contains data results of common HEDIS measures, each of which is calculated by all Medallion II managed care plans².

During the HEDIS 2005 reporting year, VA Premier collected data from calendar year 2004 related to the following clinical indicators as an assessment of quality, access, and timeliness:

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Prenatal and Postpartum Care
- HEDIS/CAHPS 3.0H Adult Survey
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visit

PIPs also are used to assess the health plan's focus on quality, access, and timeliness of care and services. Although the PIPs address clinical issues, barrier analysis often leads to identification of issues regarding access or timeliness as major contributing factors that affect the attainment of the clinical quality goals. VA Premier submitted two PIPs for review. Delmarva reviewed the health plan's PIPs, assessed compliance with DMAS contractual requirements, and validated the activity for interventions as well as evidence of improvement. The PIP topics were as follows:

- Quality Control in Asthma Management
- Monitoring and Controlling the Management with the Use of Two or More Atypical Antipsychotics

The VA Premier Operational Systems Review covered activities performed during the time frame of Jan. 1, 2004 through December 31, 2004 and focused on elements which were found to be deficient (elements

²NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

partially met or not met) in the previous years' onsite review. The purpose is to identify, validate, quantify, and monitor problem areas in the overall quality assurance program. The review incorporated regulations set forth under the final rule of the BBA that became effective on August 13, 2002. The BBA is the comprehensive revision to federal statutes governing all aspects of Medicaid managed care programs as set forth in Section 1932 of the Social Security Act and Title 42 of the *Code of Federal Regulations* (CFR), part 438 *et seq.* In support of these regulations and health plan contractual requirements, Delmarva evaluated and then assessed compliance for the following systems:

- Enrollee Rights and Protections—Subpart C Regulation
- Quality Assessment and Performance Improvement—Subpart D Regulation
 - Access Standards
 - Structure and Operation Standards
 - Measurement and Improvement Standards
- Grievance Systems—Subpart F Regulation

It is expected that each health plan will use the review findings and recommendations for operational systems improvement to become fully compliant with all standards and requirements.

Quality At A Glance

Ensuring quality of care for Medicaid managed care recipients is a key objective of the Medallion II program. Various indicators exist that serve as direct and proximate measures of the quality of care and services provided to Medallion II recipients. Along with access and timeliness, these indicators are essential components of a quality-driven system of care, which is vital for the success of the Medallion II program. Data obtained from clinical studies performed by Delmarva, as well as through other avenues of data, support the delivery of quality health care to the Medallion II population. The findings related to quality are reported in the following sections.

HEDIS

Three HEDIS measures served as proxy measures for clinical quality:

- Childhood Immunizations
- Adolescent Immunizations
- Breast Cancer Screening

Table 1 shows the results obtained by VA Premier.

Table 1. 2005 HEDIS Quality Measure Results for VA Premier

HEDIS Measure	2005 VA Premier Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status	54.3%	58.1%	61.8%
Adolescent Immunization Status	28.0%	49.7%	51.8%
Breast Cancer Screening	44.0%	51.4%	55.8%

VA Premier fell below the Medallion II and National Medicaid HEDIS averages for all three measures. The results above display potential opportunities for improvement for VA Premier.

Performance Improvement Projects

In the area of PIPs, VA Premier used the quality process of identifying a problem relevant to its population, setting a measurement goal, obtaining a baseline measurement, and performing targeted interventions aimed at improving the performance. After the remeasurement periods, qualitative analyses often identified new barriers that affect success in achieving the targeted goal. Thus, quality improvement is an ever-evolving process focused on improving outcomes and health status.

VA Premier has implemented two PIPs:

- Quality Control in Asthma Management
- Monitoring and Controlling the Management with the Use of Two or More Atypical Antipsychotics

VA Premier's PIP aimed at improving quality control in asthma management addresses an important opportunity for improvement for their member population based upon review of Medicaid HMO plan specific and national data. Asthma ranked in the top diagnoses for inpatient and emergency room admissions and continued increases were evidenced in the number of enrollees with asthma.

VA Premier's PIP related to improving quality control in asthma management seeks to decrease emergency department visits and hospital admissions for Medallion II enrollees who have been diagnosed with asthma. The PIP also includes a goal to increase the use of appropriate asthma medications. This PIP, over time, addresses multiple care and delivery systems that have the ability to pose barriers to improved enrollee outcomes. Use of appropriate asthma medications has been demonstrated to improve long-term control for individuals with asthma and, as such, serves as a proxy measure for changes in health status. VA Premier conducted analysis and developed related interventions for each enrollee, provider, and administrative barrier identified. Interventions have focused on both patient and provider education and effective communication strategies. VA Premier identified PCPs with a high volume of enrollees with asthma and partnered with the

PCP to place peak flow meters and spacers in their office to educate enrollees on proper use in real time and dispense, as needed.

A comprehensive quantitative analysis was performed following each re-measurement that compared result to goal/benchmark and prior performance, described reasons for any changes to goals, and identified any trends or changes in statistical significance. The analysis included an assessment of the success of each indicator relative to the goal established. Improvement from baseline to remeasurement 2 was evident for all three indicators. For use of appropriate asthma medications the rate increased from 62.0% to 70.6%. For the inpatient hospital admissions indicator the rate decreased from 20.8 to 6.4. For emergency department visits the rate decreased from 66.0 to 32.4. Improvement was also evident in all three indicators from remeasurement 1 to remeasurement 2. For the appropriate medication indicator the rate increased from 61.9 to 70.6. For the hospital admission indicator the rate decreased from 20.2 to 6.4. For the emergency department visit indicator the rate decreased from 78.9 to 32.4. These improvements in indicator rates, however, need to be carefully considered in light of the change in enrollment eligibility criteria for remeasurement 2.

VA Premier also implemented a PIP related to monitoring and controlling the management with the use of two or more atypical antipsychotics. Virginia Premier analyzed their Medallion II data in response to a recent finding nationally that has linked the development of diabetes and other metabolic abnormalities with prescribed atypical antipsychotics. Review of Medallion II data for calendar year 2004 revealed that 11.5% and 14.1% of enrollees were receiving treatment with two or more atypical antipsychotics from their physicians and psychiatrists, respectively. Additionally, 13.6% and 23.7% of physicians and psychiatrists, respectively, prescribed treatment to enrollees of two or more atypical antipsychotics. VA Premier, through its PIP related to monitoring and controlling the management with the use of two or more atypical antipsychotics, seeks to decrease the number of providers prescribing two or more atypical antipsychotics.

Provider barriers were identified by VA Premier. Provider lack of information regarding enrollees who were being treated with two or more antipsychotics was evidenced. VA Premier distributed clinical practice guidelines to providers in response to an identified barrier resulting from lack of clinical guidelines. Providers were also notified of enrollees on their panel who were being treated with two or more atypical antipsychotics. These interventions appeared to be reasonable in response to the barriers identified, however, a PIP should address system-wide issues, (enrollee, provider, and administrative) that present potential barriers to improved enrollee health outcomes.

Table 2 provides a summary of data results for both PIPs conducted by VA Premier.

Table 2: PIP Performance Results

PIP Activity	Indicator	Baseline	Remeasurement	
			#1	#2
Quality Control in Asthma Management	<u>Quantifiable Measure #1:</u> One or more prescriptions for cromolyn sodium, aerosol corticosteroid and leukotriene modifiers for members with Persistent asthma	2002: QM#1: 62%	2003: QM#1: 61.9%	2004: QM#1: 70.6%
	<u>Quantifiable Measure #2:</u> Rate of Hospital Admissions for members with Persistent Asthma	QM#2: 20.8%	QM#2: 20.2%	QM#2: 6.4%
	<u>Quantifiable Measure #3:</u> Rate of Emergency Department (ED) Visits for members with Persistent Asthma	QM#3: 66%	QM#3: 78.9%	QM#3: 32.4%
Monitoring and Controlling the management with the use of two or more Atypical Antipsychotics	The percentage of enrollees receiving treatment with two or more atypical antipsychotics prescribed by: <u>Quantifiable Measure #1:</u> a Physician <u>Quantifiable Measure #2:</u> a Psychiatrist <u>Quantifiable Measure #3:</u> a Non-Psychiatrist	2004: QM#1: 11.5%	2005: QM#1: 12.9%	
		QM#2: 14.1%	QM#2: 14.8%	
		QM#3: 8.6%	QM#3: 11%	
	The percentage of providers prescribing two or more atypical antipsychotics in the measurement year: <u>Quantifiable Measure #4:</u> physician <u>Quantifiable Measure #5:</u> psychiatrist <u>Quantifiable Measure #6:</u> a non-psychiatrist	QM#4: 13.6%	QM#4: 15.6%	
		QM#5: 23.7%	QM#5: 25.1%	
		QM#6: 9.2%	QM#6: 11.8%	

Operational Systems Review Findings

Within the operational systems review component of the quality review, VA Premier was reassessed specifically in the following areas:

Enrollee Rights and Protections—Subpart C Regulations

- ER1. Enrollee Rights and Protections-Staff/Provider
- ER6. Advanced Directives

Quality Assessment and Performance Improvement—Subpart D Regulations

- QA3. 438.206 Availability of Services (b) (3)
- QA5. 438.206 (c) (2) Cultural Considerations
- QA16. 438.214 (c) Provider Selection—Nondiscrimination
- QA24. 438.236 (c) Dissemination of Practice Guidelines
- QA26. 438.240 Quality Assessment and Performance Improvement Program

- QA27. 438.240 (b) (2) Basic Elements of Quality Assessment and Performance Improvement (QAPI) Program—Under/Over Utilization of Services

Grievance Systems—Subpart F Regulations

- GS2. 438.402 (3) Filing Requirements-- Procedures
- GS4. 438.404 (b) Content of Notice of Action

VA Premier performed well in the areas of enrollee rights and protections- staff/provider, availability of services, cultural considerations, provider selection, quality assessment and performance improvement program, basic elements of QAPI program, and filing requirements. Policies and procedures were revised for compliance in the areas shown above. An example of a significant area where VA Premier has performed successfully in this review is with availability of services. VA Premier has policies and procedures to provide for a second opinion from a qualified health care professional within the network, or to provide for the enrollee to obtain one outside the network, at no cost to the enrollee. An additional area of strength for VA Premier is cultural considerations. VA Premier has policies and procedures to promote the delivery of services in a culturally competent manner to all enrollees including those with limited English proficiency and diverse cultural and ethnic backgrounds. Another strength for VA Premier is with basic elements of QAPI program. VA Premier QAPI program has mechanisms to detect both underutilization and over-utilization of the Medallion II services.

VA Premier was found to have opportunities for improvement in the area of enrollee rights and protections- staff/provider, advanced directives, dissemination of practice guidelines, and content of notice of action. For advanced directives relating to policies and procedures to inform enrollees that they may obtain a second opinion from a qualified health care professional within the network or outside the network if necessary at no cost to enrollee; a recommendation was provided. The recommendation for improvement suggests that VA Premier revise its policy entitled, Member Rights for a Second Opinion, to include procedures for communicating to enrollees the availability of a no cost second opinion from a qualified health care professional within or outside the network. An additional recommendation was given for the dissemination of practice guidelines. In order to receive a finding of met in the next EQRO review; VA Premier must develop a policy that includes procedures for disseminating practice guidelines to enrollees and potential enrollees upon request.

Four elements were partially met after review of VA Premier's documents; however seven elements changed to met status since the last review. There were no unmet elements found in the review. Most of the improvement areas were addressed within twelve months of the audit review period. VA Premier effectively implemented the recommendations for quality improvement and corrected each area by this review period. The rapid correction of the previous review's opportunities for improvement is evidence that VA Premier has a strong oversight process and commitment to improving care and services to its members.

Summary of Quality

In summary, VA Premier demonstrates a quality-focused approach in administering care and services to its members. The plan exhibits an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services. The health plan also focuses resources towards evaluating the interventions that provide the most benefit towards improvement needs. Opportunities for improvement are evident in the area of quality pertaining to HEDIS measures and for the few re-assessed elements in the operational systems review that remain partially met.

Access At A Glance

Access to care and services historically has been a challenge for Medicaid recipients enrolled in fee-for-service programs. Access is an essential component of a quality-driven system of care. The intent of the Medallion II program is to improve access to care. One of DMAS's major goals in securing approval of the 1915(b) Medicaid waiver application was to develop managed care delivery systems that would remove existing barriers for Medicaid recipients, thereby improving their overall health status, increasing their quality of life, and reducing costly health expenditures related to a fragmented system of care. The findings with regard to access are discussed in the following sections.

HEDIS

From a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure:

- Timeliness of Prenatal Care
- Postpartum Check-up Following Delivery.

Table 3 shows the results obtained by VA Premier.

Table 3: 2005 HEDIS Access Measure Results for VA Premier

HEDIS Measure	2005 VA PREMIER Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	78.8%	82.8%	76.0%
Postpartum Check-up Following Delivery	53.9%	57.8%	55.2%

VA Premier scored above the National Medicaid HEDIS average for the “Timeliness of Prenatal Care” rate. However, the health plan fell below the comparison averages for the “Postpartum Check-Up Following Delivery” rate. Postpartum care is impacted by the health plan’s access to correct demographic information for outreach to postpartum members. These results regarding access appear to be weaknesses for VA Premier and illustrate opportunities for improvement.

Performance Improvement Projects

Virginia Premier PIPs focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were also examined. The identification of access barriers was found in Virginia Premier's PIP aimed at quality control in asthma management. Barriers were identified related to member lack of awareness about the asthma disease management program, which affected their access to the program. As well, providers were not able to identify members to manage more effectively, limiting access to appropriate treatment of asthma. Interventions were targeted to successfully improve access to the program. In 2004, interventions focused on both patient and provider education and effective communication strategies to improve member outcomes.

Operational Systems Review Findings

Delmarva's operational systems review of VA Premier showed that the following review requirements were reexamined and reflected adequate proxy measures for access:

Enrollee Rights and Protections—Subpart C Regulations

- ER3. Information and Language Requirements (438.10)
- ER5. Emergency and Post-Stabilization Services (438.114, 422.113c)
- ER7. Rehabilitation Act, ADA

Quality Assessment and Performance Improvement—Subpart D Regulations

- QA10. 438.208 (e) Primary Care and Coordination Program

Through a desk review conducted for VA Premier, Delmarva comprehensively reassessed elements from the previous year's review that were deficient and found that seven areas have improved to met status within the year prior to this review. VA Premier performed well in areas of information and language requirements, emergency and post-stabilization services, Rehabilitation Act, primary care and coordination program. Policies and procedures were revised prior to this review to ensure compliance within these areas.

An example of a significant area where VA Premier has performed successfully in this review is with information and language requirements. VA Premier has written enrollee information is available in the prevalent, non-English languages spoken in its particular service area. It is recommended that VA Premier revise the Virginia Premier Health Plan policy, Cultural Considerations, to reflect the frequency of assessing the prevalence of non-English languages spoken by its membership. Also, VA Premier has provided written material in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency. An additional area of strength for VA Premier is with emergency and post-stabilization services. VA Premier has policies and procedures in place that define emergency and post-stabilization situations, a description on what to do in an emergency, a telephone number and instructions for obtaining advice on getting care in an emergency, and

that prior authorization is not needed. However, it is recommended that VA Premier revise the Virginia Health Plan policy, Emergency Department (ED) Appropriateness Criteria, to explicitly state the waiver of any preauthorization requirements for emergency and post-stabilization services.

Three elements remained partially met after the review to include the areas of information and language requirements and the Rehabilitation Act. One element was found to be unmet and pertained to the information and language requirements area. For information and language requirements relating to policies and procedures in place to notify its enrollees that oral interpretation is available for any language and written information is available in prevalent languages; and how to access those services; a recommendation was provided. The recommendation for improvement suggests that VA Premier develop a policy and procedures for communicating to enrollees that oral interpretation is available for any language and written information is available in prevalent languages, and how to access those services. There must be evidence that this information is communicated to enrollees. A recommendation for the unmet element pertaining to information and language requirements is for VA Premier to have a policy that includes procedures for informing enrollees and potential enrollees that information is available in alternative formats and how to access those formats.

After completion of the review, Delmarva conducted an assessment of VA Premier's corrective action process. VA Premier effectively implemented recommendations related to elements found to be partially met or not met and corrected almost every identified opportunity within 12 months of the report findings.

Summary of Access

Overall, access is an area that yields opportunity for VA Premier regarding the HEDIS measures and re-assessed elements that remain deficient in the operational systems review. However, combining all the data sources used to assess access, VA Premier addressed many of the areas where the health plan displayed vulnerability and corrected identified access issues furthering the health plan in its goal to implement a managed care delivery systems that addresses existing barriers for Medicaid recipients.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medallion II recipients. Equally important is the timely delivery of those services, which is an additional goal, established by DMAS for the systems of care that serve Medallion II recipients. The findings related to timeliness are revealed in the sections to follow.

HEDIS

Timeliness of care was investigated in the results of the following HEDIS measures:

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life

➤ Adolescent Well-Care Visits

All Medallion II managed care plans were required to submit these measures. Table 4 shows the results obtained by VA Premier.

Table 4: 2005 HEDIS Timeliness Measure Results for VA Premier

HEDIS Measure	2005 VA Premier Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	9.9%	35.0%	45.3%
Well Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life	59.3%	59.7%	60.5%
Adolescent Well-Care Visits	45.2%	31.0%	37.4%

The “Well Child Visits in the First 15 Months of Life” measure and the “Well Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life” measure fell below the Medallion II and National Medicaid HEDIS averages. The “Adolescent Well-Care Visits” measure exceeded both comparison averages by several percentage points.

Performance Improvement Projects

Timeliness was a focal area of attention in Virginia Premier’s PIPs. Member focused efforts consisted of assuring that members were educated about key feature of the MCO’s asthma program and medication management of asthma. Barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. Virginia Premier’s PIP aimed at quality control in asthma management is HEDIS-related and focuses upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Operational Systems Review Findings

Delmarva’s desk review findings showed that the following review requirements were reassessed and reflect adequate proxy measures for timeliness:

Enrollee Rights and Protections—Subpart C Regulations

- ER4. 42 C.F.R. 431, Subpart F, and the Code of Virginia, Title 2.1, Chapter 26, (Privacy Protection Act of 1976) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Quality Assessment and Performance Improvement—Subpart D Regulations

➤ QA11. 438.210 (b) Coverage and Authorization of Services—Processing of Requests

VA Premier performed well in the areas of privacy protection and the Health Insurance Portability and Accountability Act of 1996 and coverage and authorization of services. Policies and procedures were revised for compliance in the areas shown above. An example of a significant area where VA Premier has performed successfully in this review is with privacy protection and the Health Insurance Portability and Accountability Act of 1996. The contractor shall make an individual's public health information (PHI) available to the Department within 30 days of an individual's request for such information as notified and in the format requested by the Department. An additional strength is in the area of coverage and authorization of services. VA Premier has policies/procedures in place to ensure that preauthorization requirements do not apply to emergency care, family planning services, preventative services and basic prenatal care. It is recommended that VA Premier include adding language to existing policies or creating a new policy that clearly identifies that waiver of pre-authorization requirements for the above services to include enrollee self-referral services, family planning services, OB/GYN care, annual mammograms, and the initial three behavioral health visits. This will ensure that this requirement is memorialized in a policy rather than subject to omission in annual revisions to the utilization management (UM) Program Description.

VA Premier effectively addressed the two elements identified as deficient in the previous review, which have now evolved to met status. VA Premier corrected all of the timeliness related deficiencies within twelve months, which displays their commitment to continuous improvement.

Summary for Timeliness

VA Premier demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service through the identification of timeliness barriers, which are often identified as access issues. Overall, timeliness is an area of strength for VA Premier and supports the health plan's intent as a quality-driven system of care. However, opportunities for improvement are evident pertaining to certain HEDIS measures which scored lower than the comparison averages.

Overall Strengths**Quality:**

- Commitment of VA Premier management staff towards quality improvement as evidenced by the rapid response and resolution of most the deficiencies cited during the operational systems review.
- VA Premier met the majority of the re-assessed quality elements for the operational systems review.
- Information system capabilities for performance measures to include data capture, general information systems, centralized processing of data, provider data, data sharing, and eligibility programming.

- Reporting methods for performance measures include staff experience, communication, documentation, and a team approach.
- Improvements were realized since baseline related to asthma's inpatient hospital and emergency department indicators and the use of appropriate medications for people with asthma through the disease management program interventions implemented by Virginia Premier to address barriers and positively impact care over time.

Access:

- Recognition by VA Premier that quality of care issues are impacted by access barriers.
- VA Premier met the majority of the re-assessed access elements for the operational systems review.

Timeliness:

- VA Premier met all of the re-assessed timeliness elements for the operational systems review.
- VA Premier demonstrates better results for adolescent well care visits than the Medallion II program in aggregate and the Medicaid program nationally.
- VA Premier's partnership with the practitioner network to address education about asthma in the member population.

Recommendations

The purpose of this section is to offer DMAS a set of recommendations to build upon identified strengths and to address the areas of opportunity within the existing programs. These recommendations draw from the findings of those data sources individually and in the aggregate. The recommendations suggested by Delmarva for VA Premier are listed below:

- VA Premier is encouraged to continue efforts to increase data completeness.
- VA Premier is encouraged to continue employing successful performance measure reporting tactics.
- General quality improvement and teamwork training is also recommended as these skills will likely lead to efficiencies in performance measure reporting.
- Improve documentation of processes and methodologies to assist during staff changes would be beneficial.
- Develop standardized provider data entry protocols and methodologies to identify locations of member medical records could reduce the need for multiple unsuccessful medical record chases.
- Develop or revise policies and procedures of the elements found to be deficient and/or make appropriate improvements in order for the deficiencies to be met in next year's EQRO review.
- Perform periodic monitoring within the areas identified in the operational systems review as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low rated measures identified by HEDIS.
- Assess the disparities in quality of care and/or services among differing ethnic population within the managed care membership. Understanding this phenomenon will enable focused resource allocation.

- Perform root cause analyses for project interventions that fail to improve performance. This activity will enable VA Premier to better identify barriers to change and more effectively allocate resources to achieve systemic improvements.
- Explore the development of an alternate PIP that focuses on system-wide issues (enrollee, provider, and administrative) that present potential barriers to improved enrollee health outcomes.

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